

# Consent Design Group Meeting 8 – Trust Framework

July 23, 2019



# Agenda

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Agenda Item	Time
Welcome & Introductions	1:00 pm
Public Comment	1:05 pm
Discussion on HIE Governance and Likely Initial Use Cases	1:10 pm
Wrap-up and Meeting Adjournment	2:00 pm

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# Consent Design Group Members

- Stacy Beck, RN, BSN\* – Anthem / Clinical Quality Program Director
- Pat Checko, DrPH\* – Consumer Advocate
- Carrie Gray, MSIA – UConn Health / HIPAA Security Officer
- Susan Israel, MD – Patient Privacy Advocate / Psychiatrist
- Rob Rioux, MA\* – CHCACT / Network Director
- Rachel Rudnick, JD – UConn / AVP, Chief Privacy Officer
- Nic Scibelli, MSW\* – Wheeler Clinic / CIO

\* Health IT Advisory Council Member

# Consent Design Support Team

## State of Connecticut

Allan Hackney

Sean Fogarty

Tina Kumar

## CedarBridge Group

Carol Robinson

Michael Matthews, MSPH

Ross Martin, MD, MHA

Chris Robinson

## Velatura

Tim Pletcher, DHA, MS

Lisa Moon, PhD, RN

# Public Comment

# Roadmap Review

# Consent Design Group – Work Plan

Meeting Focus	Meeting Objectives
✓ <b>Meeting 1 – 4/9/2019 1pm – 2pm</b> Kickoff and orientation	<ul style="list-style-type: none"> <li>• Review and discuss project charter and proposed process for achieving desired outcomes</li> <li>• Orientation on relevant policies and procedures and semantic alignment / shared understanding of key terms</li> </ul>
✓ <b>Meeting 2 – 4/23/2019 1pm – 2pm</b> Current consent policies	<ul style="list-style-type: none"> <li>• Establish understanding around current state of consent policies in Connecticut and bordering states</li> <li>• Consider draft language for a HIPAA TPO consent policy for recommendation to Advisory Council</li> </ul>
✓ <b>Meeting 3 – 5/7/2019 1pm – 2pm</b> Focus on TPO consent draft	<ul style="list-style-type: none"> <li>• Review proposed process for the development of a consent policy framework, based on HIE use case requirements</li> <li>• Discuss stakeholder engagement and communication needs</li> </ul>
✓ <b>Meeting 4 – 5/21/2019 1pm – 2pm</b> Matching use cases to consent model	<ul style="list-style-type: none"> <li>• Review and discuss received input from Advisory Council or other stakeholders</li> <li>• Review use cases where individual consent is required by state or federal law, or areas of ambiguity</li> </ul>
✓ <b>Meeting 5 – 6/4/2019 1pm – 2pm</b> Use Case A discussion	<ul style="list-style-type: none"> <li>• Discuss the pros/cons of a statewide consent policy framework vs. HIE Entity consent policy framework to determine scope</li> </ul>
✓ <b>Meeting 6 – 6/18/2019 1pm – 2pm</b> Use Case B discussion	<ul style="list-style-type: none"> <li>• Discuss the various ways that consent could be collected and possible roles for organizations in the consent process</li> <li>• Establish high-level understanding of technical architecture for electronic consent management solutions</li> <li>• Discuss workflows that could provide individuals with information and the ability to manage preferences</li> </ul>
✓ <b>Meeting 7 – 7/9/2019 1pm – 2pm</b> Review draft consent framework	<ul style="list-style-type: none"> <li>• Review and discuss strawman options</li> <li>• Develop draft recommendations for consent policy framework</li> </ul>
✓ <b>Meeting 8 – 7/23/2019 1pm – 2pm</b> Discuss HIE structure and initial use cases	<ul style="list-style-type: none"> <li>• Review and discuss HIE governance structure and likely initial use cases</li> </ul>
<b>Meeting 9 – TBD</b> Determine next steps	<ul style="list-style-type: none"> <li>• Determine next steps and recommendations</li> </ul>

# Discussion of HIE Governance and Likely Initial Use Cases

# HIE Vision for CT – “Network of Networks”



**Key objective: Facilitating the efficient exchange of high-quality health data in support of the Quadruple Aim: Better health outcomes, healthier populations, reduced costs and reduced provider burdens**

# HIE Vision for CT –Entity for Public Good

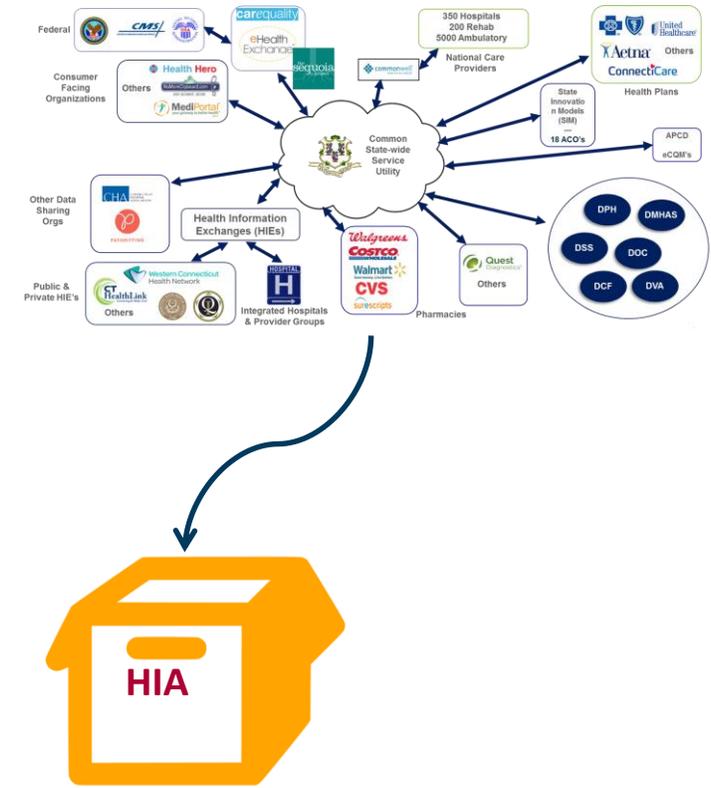
Health Information Alliance, Inc. Established

## □ *Statewide stakeholder engagement identified the need for trust:*

- “Neutral” – no participant in the services is advantaged over any other
- “Trusted” – the services are overseen by representatives reflective of the participants

## □ *Incorporating a non-governmental entity to ensure stakeholder buy-in:*

- Non-profit, public good entity
- Will deliver the core services to manage identity and facilitate health data exchange
- Adapting a trust framework that sets forth stakeholder engagement



# Organizing Principle for Establishing Trust

**Covered entities\* with relationships in common may share individually identifiable health information**

- The disclosure must pertain to the covered entity's relationship with the shared patient
- Sharing must fall under one of the HIPAA permitted purposes of **treatment, payment, or healthcare operations** or as required by law

\* Sharing can also occur for certain public health purposes

Note: See exception related to self-pay

# Steps to Legally Connect to the HIE

**Step One:** Execute one of the following agreements to join the network:  
(1) Qualified Data Sharing Organization Agreement (QDSOA) **or**  
(2) Simple Data Sharing Organization Agreement (SDSOA) **or**

**Step Two:** Execute Use Case Exhibits (UCEs) to share information

# Agreements for Sharing **Data** and **\$'s**

## Organization Agreements

### Qualified Data Sharing Organization Agreement (QDSOA)

- ☑ Allows participation in HIN Governance

### Simple Data Sharing Organization Agreement (SDSOA)

- ☒ Does not allow participation in HIN Governance

## Use Case Exhibits (UCEs)

Used to exchange *Data*

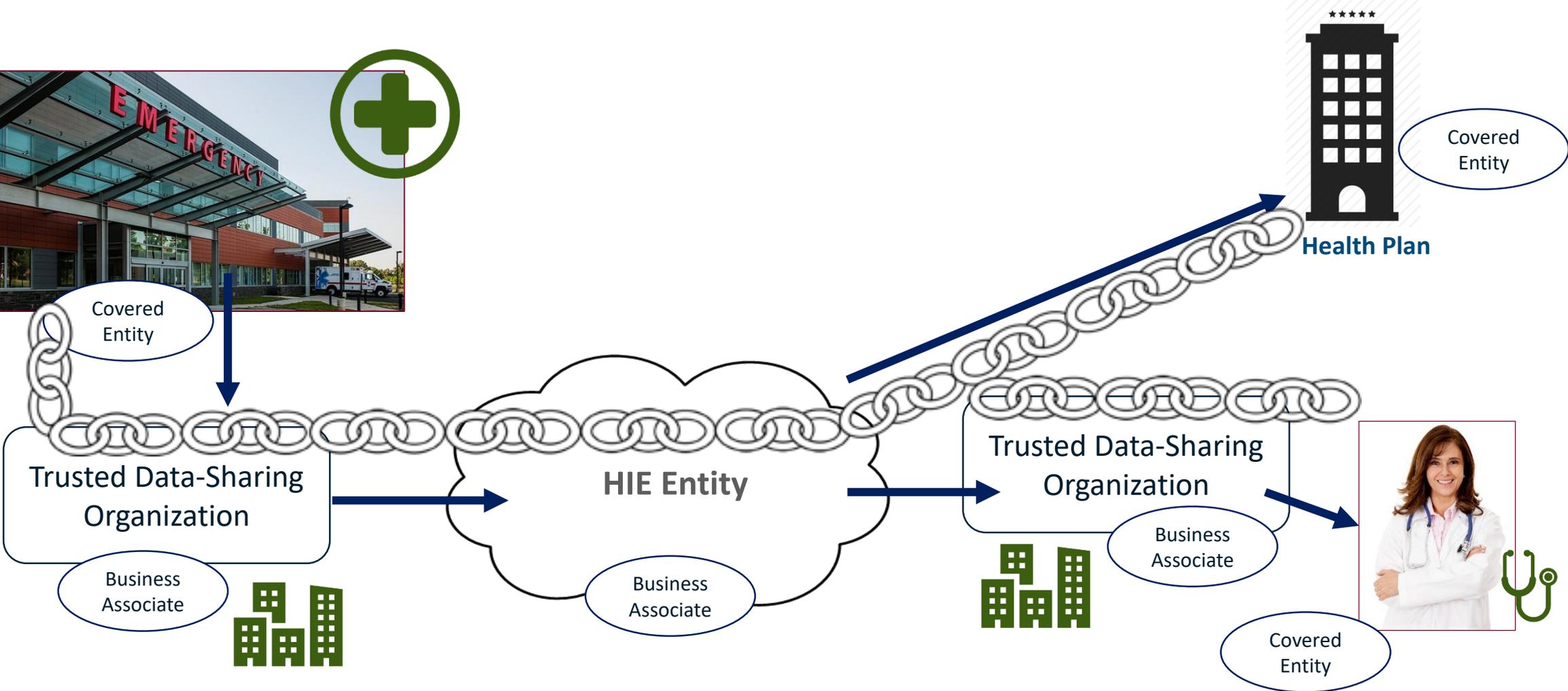
Execute to participate in specific use cases of choice

## Statements of Work (SOWs)

Used to exchange *\$'s*

Only executed under QDSOA and SDSOA (not ToS)

# Chain of Trust



# HIE Organization Agreements

**HIE Organization Agreements create  
Trusted Data Sharing Organizations**

## Organization Agreement (QDOA, SDSOA)

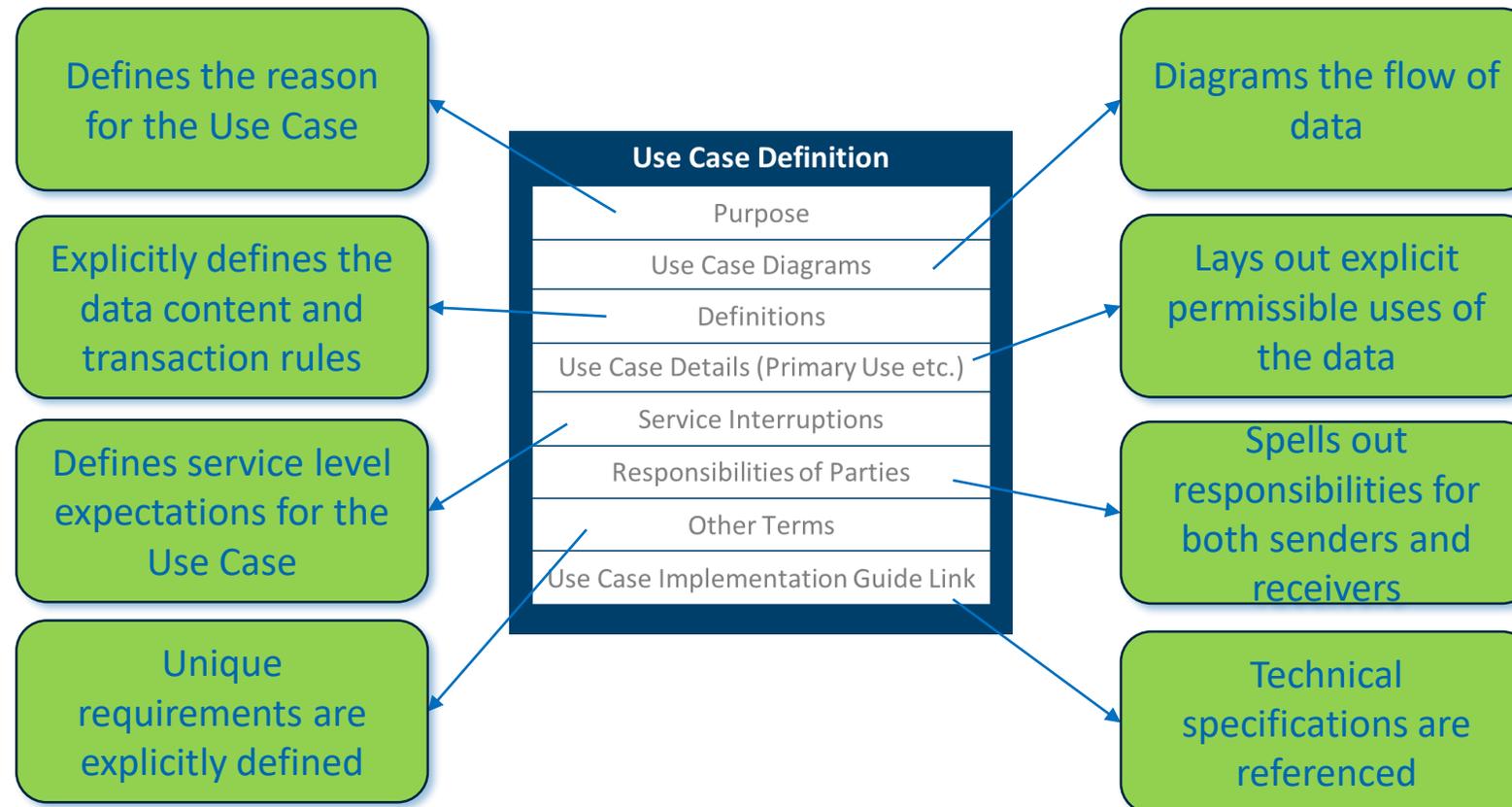
Definitions
HIPAA Business Associate Terms
Contracting & Payment
Cyber Liability Insurance
Indemnification & Liability
Basic Connection Terms & SLA
Dispute Resolution
Term & Termination

- ❑ **Both agreements spell out basic business and HIPAA Business Associate terms:**
  - Note: no data is shared by executing these agreements!
- ❑ **Difference between Simple and Qualified agreements:**
  - SDSOA and QDOA cover all the same terms, but...
  - QDOA can be modified to unique issues, e.g.:
    - Cyber liability limits
    - Statutory constraints
  - QDOA participants may designate individuals to participate in HIE operational governance

**Trust Framework creates a highly-modular method to  
participate in the HIE!**

# HIE Will Operate Based on Use Cases

**A Use Case in general is the interaction between a system and the users of that system to produce results of value**



# Trusted Legal Framework

MONEY



DATA



Master Statement of Work

SOW Exhibit #1

SOW Exhibit #2

SOW Exhibit #3

SOW Exhibit #N

Organization Agreement  
(QDOSA, SDSOA)

Definitions

HIPAA Business Associate Terms

Contracting & Payment

Cyber Liability Insurance

Indemnification & Liability

Basic Connection Terms & SLA

Dispute Resolution

Term & Termination

Master Use Case Agreement

Use Case #1

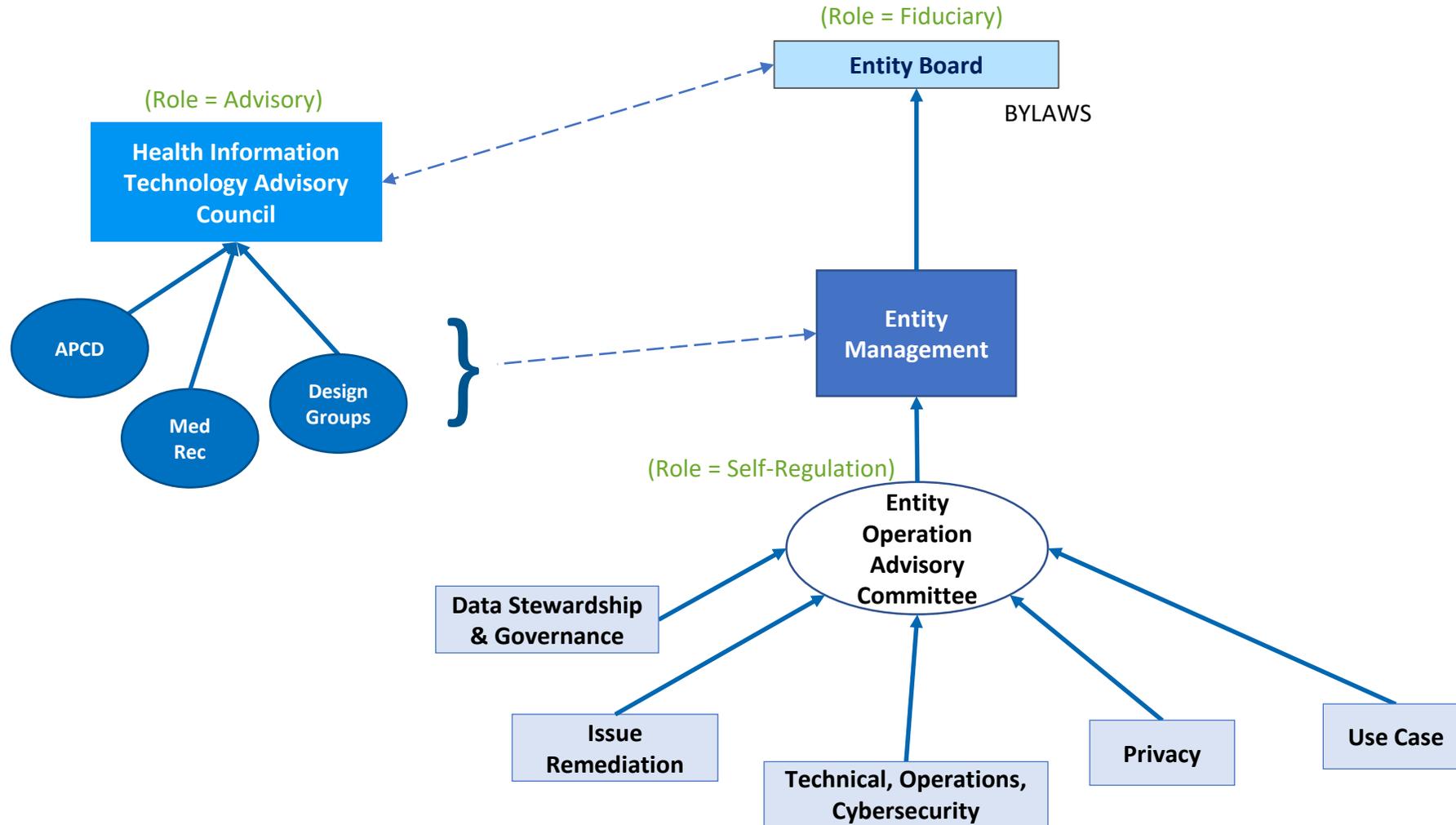
Use Case #2

Use Case #3

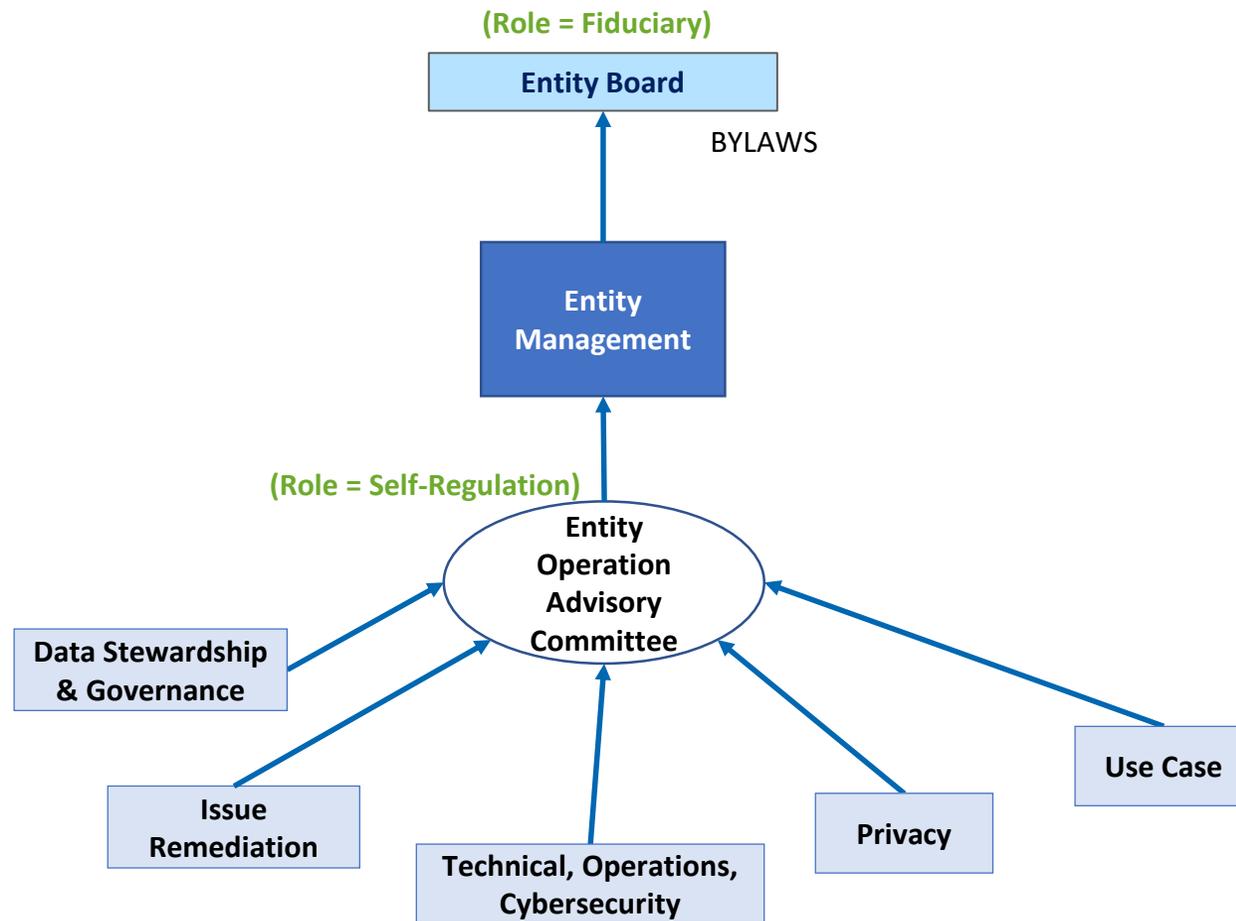
Use Case #N



# HIE Trust Framework Governance Model



# HIE Governance and Trust Framework



- ❑ **The HIE Trust Framework establishes the Operations Advisory Committees:**
  - Created in the spirit of “Neutral and Trusted”
- ❑ **Qualified Trusted Data Sharing Organizations may designate members of the HIE’s Operations Advisory Committees**
- ❑ **Entity Management will rely upon the Operations Advisory Committees to guide priorities and address concerns**
- ❑ **HIE Board has ultimate fiduciary governance authority:**
  - Corporate policy is established by the Board
  - Management, in collaboration with the Operating Committees, operationalize policy into procedures

# Operating Committee Roles

## ❑ **Data Governance and Stewardship:**

- Establish and evolve data classification
- Adopt and evolve data standards

## ❑ **Issue Remediation:**

- Investigate and resolve issues between participating organizations

## ❑ **Technology, Operations and Cybersecurity:**

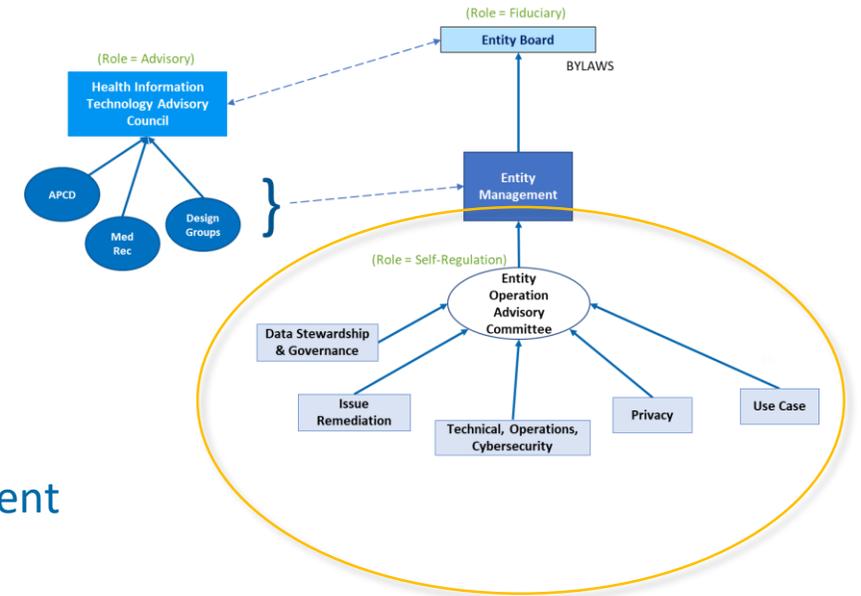
- Establish and evolve technology and security standards
- Establish and continuously improve operational processes

## ❑ **Privacy:**

- Establish and evolve standards and procedures for privacy and consent

## ❑ **Use Cases:**

- Oversee the “Use Case Factory”
  - Determines the priorities, scope and nature of HIE use cases



# Roles in Governing Health Information Exchange

## ❑ **HIT Advisory Council:**

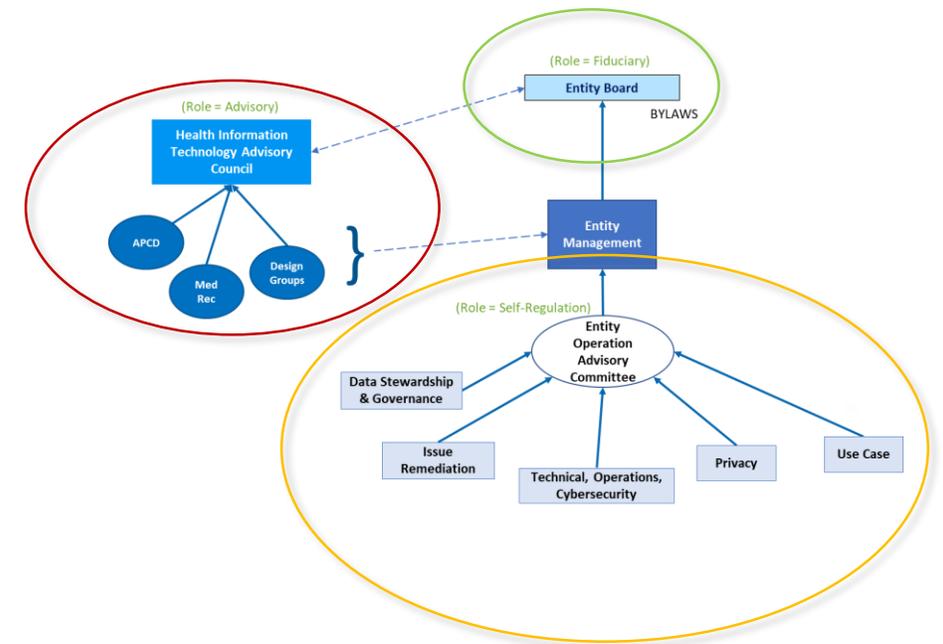
- Raises and deliberates on issues of broad interest and concern
- Deliberates and recommends policy considerations and potential statutory changes to OHS
- Deliberates and recommends guiding principles to the HIE Board

## ❑ **Health Information Alliance Board:**

- Establishes corporate policy for the HIE
- Arbitrates issues arising from the HIE Operating Committees

## ❑ **HIE Operating Committees:**

- In collaboration with HIE management, translates HIE policy into standards and practical procedures that are operationalized
- Escalates issues and emerging needs to HIE Board



# HIE Will Operate Based on Use Cases

CT's HIE can facilitate many types of use cases...

- Encounter Alerts
- Immunizations
- Referral Management
- Transitions of Care
- Clinical encounter notifications
- Medication Reconciliation
- Chronic Care Management
- Advance Directives
- POLST/MOLST
- Consumer-mediated exchange
- Emergency super-utilizers
- Public health reporting
- Genomics / precision medicine
- Research / clinical trials
- Quality measurement (clinical and cost)
- Identity and Care Mapping
- Disability determination
- Life insurance
- Lab orders / results
- Image exchange
- Opioid monitoring
- Others...

Green = CT initial focus

# Initial HIE Use Cases

**These Use Cases, subject to HIE Operating Committee and HIE Board oversight, will be the likely initial offerings**

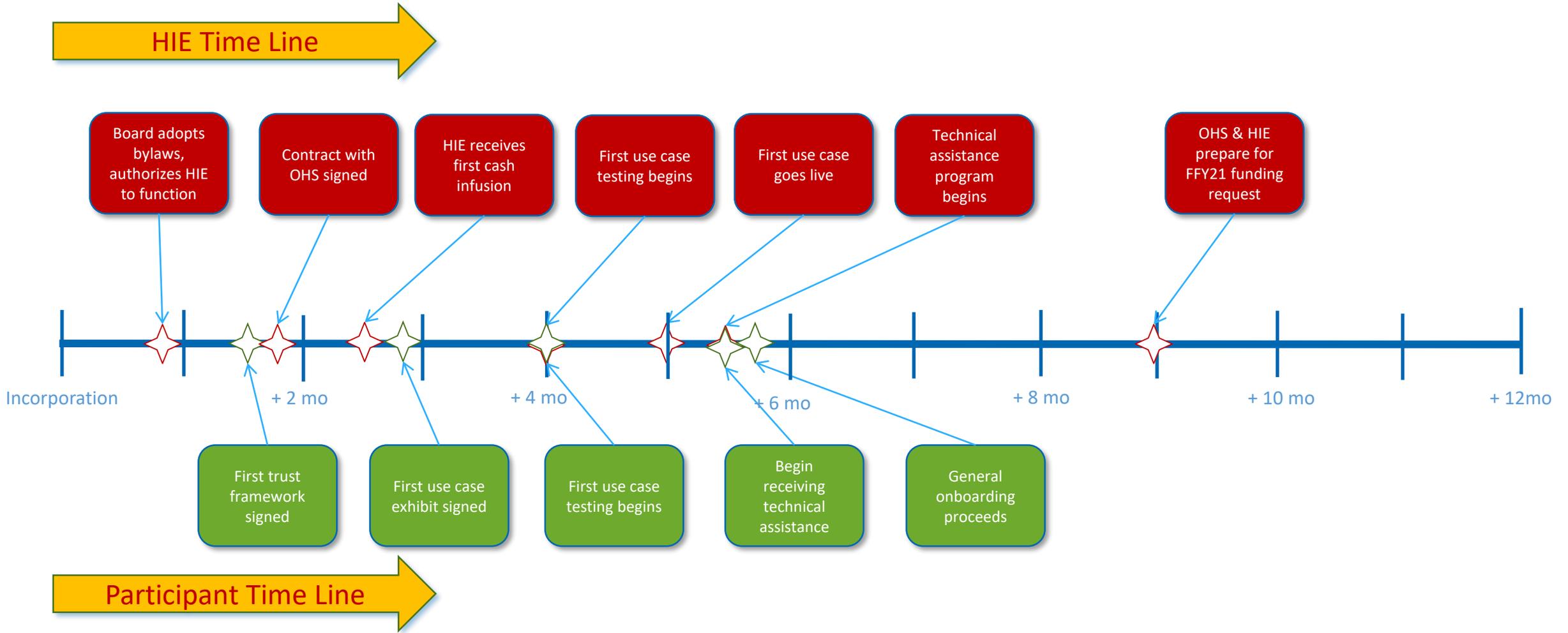
- **Clinical Care Summary Push**
  - From EHR to HIE
  - Purpose: Capture event for care map; support other use cases
  - Format: CCD-A; HL7
- **Care Map Pull**
  - From HIE to EHR
  - Purpose: Capture “minimally necessary” consolidated event history of patient
  - Format: Consolidated CCD-A
- **Empanelment Push**
  - From EHR/payer to HIE
  - Purpose: Declare HIPAA relationships; build identity and care map
  - Format: Flat file; HL7
- **Quality Measure Data Input**
  - From EHR/payer to HIE
  - Purpose: Capture and retain necessary clinical data to support eCQM’s
  - Format: CCD-A
- **Identity Quality Control**
  - From HIE to EHR/Payer
  - Purpose: Share Common Identity Key; improve quality of patient matching
  - Format: TDB, probably HL7
- **Quality Measure Data Output**
  - From HIE to EHR/payer
  - Purpose: Distribute normalized eCQM’s
  - Format: QRDA-1

# Q & A

# Adjourn

# Appendix

# HIE Year 1 Timeline



Note: All dates relative to incorporation data